

# Division on Deaf & Hard of Hearing Equipment Loan Program Application Form

Please complete the form below to request a free equipment loan from the Division on Deafness.

Date of Pick-up: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Apartment/Lot Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone number Email address

\_\_\_\_\_  
Identification (Driver's License or SS number if DL is not available)

Equipment to borrow:	Serial Number:	Return on:

The equipment from the Division on Deaf and Hard of Hearing is available for free short-term loan. All have been tested and found to be in good working order. I agree to return the above equipment in working order or pay the replacement cost for any damaged equipment. I agree to return it by the date above.

Signature: \_\_\_\_\_  
Borrower

Request approved by: \_\_\_\_\_ Date: \_\_\_\_\_

DODHH, 320 N. Washington Ave, Suite 250 Lansing, MI 48913  
1-877-499-6232 T/V, 517-334-8000 T/V, 517-334-6637 Fax, [dodhh@michigan.gov](mailto:dodhh@michigan.gov)